

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33206

15 OCT 1 1952

State File No.

BIRTH NO. 72433

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8761

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>5033 Plover.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MICHAEL</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>MACK</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>9-16-1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>BERNARD E. MACK</u>				13b. MOTHER'S MAIDEN NAME <u>BETTY J. LAUE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE, OR NAME <u>Bernard S Mack</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Premature Birth (6 mo)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <u>776X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>9-16</u>, 19<u>52</u>, to <u>9-16</u>, 19<u>52</u>, that I last saw the deceased alive on <u>9-16</u>, 19<u>52</u>, and that death occurred at <u>4 4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. P. R. W.</u> (Degree or title)				23b. ADDRESS <u>161 46 E. Grand</u>		23c. DATE SIGNED <u>9-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>		24b. DATE <u>9-19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Cloud</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay MO</u>	
DATE REC'D BY LOCAL REG. <u>SEP 19 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Ingbermann</u>		ADDRESS <u>3819 E. Grand</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. W. Wiermuelle Jr.

Licensed Embalmer No. *4611*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.